

TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189 Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year:	
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NOTE:

- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
- Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
- Lobbyist Contact and Expenditure Reports shall be filed with the Town Clerk prior to the Public Hearing **AND** by July 1st of each year.
- Lobbyist Expenditure Reports must be filed even if you have no expenditures for the calendar year.
- All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk

 Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law. 			
I. LOBBYIST INFORMATIO	ON		
Last Name	First Name		Middle Initial
Business Name			
Business Address	City	State	Zip Code
Phone Number	Fax Number	E-Mail Ad	ddress
II. PRINCIPAL INFORMAT	ION		
Name, address and phone number religious organization, non-profit whom you are employed.) Name	<u> </u>		
Mailing Address	City	State	Zip Code
Phone Number	Fax Number		
☐ Long Term ☐ Short Ter	rm Under Co	ntract 🗆 (One Time Only
(Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest: (Attach additional sheet, if necessary.)			
III. LEGISLATIVE ISSUE INFORMATION			
Brief description of issue and speclobby: (Attach additional sheet, if	• -	l or other cor	mmittee in which you will

Brief description of issue and specify department, council or other committee in which you will lobby: (Attach additional sheet, if necessary)

THE TOWN CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.



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V. PERSONAL AFFILIATIONS

Lobbyist identified under Sec. 2-11.1(s) of the Miami-Dade County Code, as amended and Sec. 7.6 of the Town Charter, shall state the extent of any business or professional relationship with any member of the Town Council, employee, board or committee member (please state below).		
Have you been employed by the Town of Cutler Bay in the last two (2) years? Yes No If Yes, state the department in which you were employed:		
Pursuant to Sec. 7.6(a) (3) of the Town Charter, any person who registers as a lobbyist shall disclose in writing all Town government officials directly contacted by the lobbyist and any expenditures involved as defined by state law, before the public hearing and annually by July 1^{st} .		
VI. OATH		
I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE TOWN OF CUTLER BAY LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS. Lobbyist Signature Printed Name		
State of Florida County of Miami-Dade		
Sworn and subscribed before me on this day of		
Personally Known or Produced ID Notary Public		
Personally Known or Produced ID Notary Public Type of ID Produced: [SEAL]		
Type of ID Produced: [SEAL] IV. FEES		
Type of ID Produced: [SEAL]		



TOWN OF CUTLER BAY PRINCIPAL (CLIENT) DISCLOSURE FORM

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189 Telephone (305) 234-4262 Fax (305) 234-4251

Middle Initial

Calendar Year:	
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NOTE:

Last Name

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- Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

First Name

I. LOBBYIST INFORMATION

Business Name				
Business Address	City	State	Zip Code	
Phone Number	Fax Number	r E-Ma	il Address	
II. PRINCIPAL I	INFORMATION			
· · · · · · · · · · · · · · · · · · ·	phone number of principal (i.e on, non-profit corporation, or oyed.)		• • •	•
Mailing Address	City	State	Zip Code	
Phone Number	Fax Number	<u> </u>		
\square Long Term	☐ Short Term ☐ Ur	nder Contract	\Box One Time Only	
Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest: (Attach additional sheet, if necessary.)				
Subject Matter (Must be specific and describe in full detail)				
Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied:				



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III. PRINCIPAL DECLARATION

In accordance with Miami-Dade County Code Section 2-11.1(s)(2)(c), I,			
	Signature of Principal		
V. OATH			
LOBBYIST:			
I, THE UNDERSIGNED REGISTRANT, DO HEREBY THAT THE INFORMATION HEREIN AND ON ANY AND CORRECT.			
Lobbyist Signature			
Printed Name			
State of Florida County of Miami-Dade			
Sworn and subscribed before me on this day of	, 20		
Personally Known or Produced ID Type of ID Produced:	Notary Public [SEAL]		
PRINCIPAL:			
I, THE UNDERSIGNED REGISTRANT, DO HEREBY THAT THE INFORMATION HEREIN AND ON ANY AND CORRECT.			
Principal Signature			
Printed Name			
State of Florida County of Miami-Dade			
Sworn and subscribed before me on this day of	, 20		
Personally Known or Produced ID Type of ID Produced:	Notary Public [SEAL]		